Please type a plus sign (+) inside this box		U.S. Pa	itent and	Approved Trademark	for use th	rough 10/31/2002, OMB 0651-0 S. DEPARTMENT OF COMMER	0032		
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UTILITY		<del></del>			2/39360				
PATENT APPLICATION	First In			s A. No			[		
TRANSMITTAL				POXIDA			- }		
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Title	ESTER		LED OIL	OR AI	LKYL FATTY ACID			
	Expres	Express Mail Label No. EV 323774948 US							
APPLICATION ELEMENTS						op Patent Application	$\neg$		
See MPEP chapter 600 concerning utility patent application co	ontents.	ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
Fee Transmittal Form (e.g., PTO/SB/17)     (Submit an original, and a duplicate for fee processing)		7.		M or CD-R in er Program		e, large table or	2		
Applicant claims small entity status.			leotide a	nd/or Amino	Acid Sec	quence Submission	E		
See 37 CFR 1.27. 3. X Specification [Total Pages 1]	7 1	(if <u>a</u> a. [	_	, <i>all necessa</i> outer Reada	-	(CRF)	ω		
(preferred arrangement set forth below)	<u>.                                    </u>	L.,					> 2		
Descriptive title of the invention     Cross Reference to Related Applications		U. S	pecincau : [	on Sequenc	_	(	591		
Statement Regarding Fed sponsored R & D     Reference to sequence listing, a table,			ار. سا	,	•	2 copies); or ii. paper	65		
or a computer program listing appendix  - Background of the Invention		C. [				ty of above copies			
Brief Summary of the Invention     Brief Description of the Drawings (if filed)	- 1		ACCC	MPANYIN	IG APP	LICATIONS PARTS	{		
- Detailed Description	Ì	9.	_	·	•	neet & document(s))			
- Claim(s) - Abstract of the Disclosure		10.		3.73(b) Stat here is an as		Power of Attorney	- }		
4. X Drawing(s) (35 U.S.C. 113) [Total Sheets	4 )	11.	l '			nt (if applicable)	- 1		
5. Oath or Declaration [Total Pages	Pages 3 1 12. Information Disclosure				Copies of IDS	ľ			
a. X Newly executed (original or copy)	~~~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Statement (IDS)/PTO-1449 LLJ Citations					
Convision a prior poplication (77 CED 4 62/4))						EP 503)	-		
b. Copy from a prior application (37 CFR 1.63(6)) (for continuation/divisional with Box 18 completed)	j	14. X	(Should	be specifical	ally itemiz	ed)			
i. DELETION OF INVENTOR(S) Signed statement attached deleting	ŀ	15.	(if foreign	priority is clair	med)	• •	1		
inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i) Applicant must attach form PTO/SB/35 or its equivalent.						- {			
	ł	17.	Other:				- 1		
6. X Application Data Sheet. See 37 CFR 1.76									
<ol> <li>If a CONTINUING APPLICATION, check appropriate box, and Data Sheet under 37 CFR 1.76;</li> </ol>	d supply the	requisite info	mation be	low and in a p	reliminary .	amendment, or in an Application	- [		
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For CONTINUATION or DIVISIONAL APPS only: The entire			_ r applica	tion, from w	hich an o		ł		
under Box 5b, is considered a part of the disclosure of the accreference. The incorporation can only be relied upon when a p							1		
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	Telephone (312) 474-6300 Fax (312) 474-0448				-				
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Signature fribuid & and a	Signature filturd N. Anderson Date June 27, 2003								
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Dated: June 27, 2003 Si	anatura	ileu	OH. C	hden	مس	(Richard H. Anderson)			
Duice. Julio 21, 2003	gnatule: 🗍		<u>`^'</u>	<u>_</u>		(Nicialo n. Aliceison)	ll l		

Attorney Docket No.: 27702/39360

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**Application Data Sheet** 

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FEE TRANSMITTAL			Complet if Kn Wn					
			Application Number Not Yet Assigned					
for FY 2003						Herewith		
Patent fees are subject to annual revision.	First Named Inventor				ntor J	James A. Nowak		
		Examiner Name				Not Yet Assigned		
X Applicant claims small entity status. See 37 CFR 1.27			Group Art Unit			ıÅ		
TOTAL AMOUNT OF PAYMENT (\$) 375.00		Attorney Docket No. 27702/39360						
METHOD OF PAYMENT (check all that apply)				FEE	CALCULA	TION (∞	ntinued)	
X Check Credit Money Other None  Deposit Account		DDITIO		FEES		Ì		-
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Name BORUN The Commissioner is hereby authorized to: (check all that apply)	1052	50	2052	25	Surcharge - I	late provision	onal filing fee or cover	
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English	specification	n	
Charge any additional fee(s) during the pendency of this application	1812	2,520	1812	2,520	For filing a req	quest for ex p	parte reexamination	
Charge fee(s) indicated below, except for the filling fee	1804	920*	1804	920*	Requesting p		of SIR prior to	
to the above-identified deposit account.	1805	1,840*	1805	1,840°	Requesting p	ublication o	of SIR after	
FEE CALCULATION	1251	110	2251	55	Extension for		n first month	
1. BASIC FILING FEE	1252	410	2252	205	Extension for	repty within	second month	
Large Entity Small Entity	1253	930	2253	465	Extension for	reply within	third month	
Fee Fee Fee Fee Code (\$) Fee Description Fee Paid	1254	1,450	2254	725	Extension for	reply withir	fourth month	
1001 750 2001 375 Utility filing fee 375.00	1255	1,970	2255	985	Extension for	reply withir	n fifth month	
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of App	peal		
1003 520 2003 260 Plant filing fee	1402	320	2402	160	Filing a brief	in support o	f an appeal	
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	Request for o	oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to ins	stitute a pub	lic use proceeding	
SUBTOTAL (1) (\$) 375.00	1452	110	2452	55	Petition to rev	tition to revive – unavoidable		
305101AE(1) (3) 373.50	1453	1,300	2453	650	Petition to rev	vive - uninte	entional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,300	2501	650	Utility issue fe	ee (or reissu	те)	
Extra Fee from Claims below Fee Paid	1502	470	2502	235	Design issue	fee		
Total Claims -20** = x =	1503	630	2503	315	Plant issue fe	e		
Independent -3** = X =	1460	130	1460	130	Petitions to th	ne Commiss	sioner	
Claims Unit Nultiple Dependent =	1807	50	1807	50	Processing fe	ee under 37	CFR 1.17(q)	
Large Entity Small Entity	1806	180	1806	180	Submission o	of Informatio	on Disclosure Stmt	
Fee Fee Fee Fee Fee Description	8021	40	8021	40	Recording ea	ch patent a	ssignment per	<del>                                     </del>
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1202	1809	750	2809	375	(37 ČFR 1.12	29(a))		
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	For each add examined (37	7CFR 1.129	(b))	
1204 84 2204 42 ** Reissue independent claims over original patent	1801	750	2801	375	•		xamination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	Request for e of a design a		kamination	
and over original patent	Other fee (specify)							
SUBTOTAL (2) (\$) 0.00 *Reduced b				duced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00				
SUBMITTED BY						Complete (	if applicable)	
Name (Print/Type) Richard H. Anderson Registration (Attorney/Age				,526		Telephone	(312) 474-9556	
Signature Gilland H. anderson	-					Date	June 27, 2003	

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Dated: June 27, 2003	Signature:	file A. andum	_ (Richard H. Anderson)